

Multi agency pathway for bruising in non-mobile infants

All Bruising in a non-mobile Infant is a concern.

A child is considered non-mobile if they are not yet crawling, bottom shuffling, pulling to stand, cruising around furniture or walking independently. This includes all babies under 6 months.

This should prompt an immediate referral to the Front Door of Children's Social Care irrespective of whether the bruise is explained

If the child attends hospital with their parent / carer, the case needs to be discussed with a senior clinician. The referral should also be made in a timely manner

Referral received by the MASH

Immediate Information gathering from MASH with Police, Social Care and any other relevant agency

Social Worker contacts Paediatrician for discussion and usually a CP medical

The Social Worker should accompany the child and parent / carer to hospital for a Child protection medical if bruise discovered in the community.

If child is already at hospital the Social Worker should liaise with the Paediatrician to establish if they need to attend the hospital to manage immediate safety plans

The Social Worker must keep in contact with Paediatrician to establish their opinion of the bruise.

The social worker **MUST** establish an immediate safety plan / supervision of family members

Explained Bruise

- If the Paediatrician and Social Worker feel that the bruise has a credible explanation and there are no safeguarding concerns then no further action is necessary
- If the explanation is of concern, e.g. Non-accidental injury then proceed as per an unexplained bruise.

Unexplained Bruise

- Bruise is worrying and or unexplained
- Child Protection Procedures should be followed
- **Strategy meeting to be held** - Paediatrician who undertakes medical to be invited.

Also see: [Pathway of care regarding a birth mark or suspected medically induced injury](#)

This protocol provides frontline multi- agency professionals with a knowledge base and action strategy for the assessment, management and referral of non-mobile infants who present with bruising or otherwise suspicious marks.

A non-mobile infant is a baby who is not yet crawling, bottom shuffling, pulling to stand, cruising or walking independently (and particularly those who are unable to roll over). This includes all babies under the age of 6 months.

Bruising is the commonest presenting feature in physical abuse in children. The younger the child, the higher the risk that bruising is non-accidental, especially where the child is under the age of 6 months. [Bruising: systemic review \(RCPCH\)](#)

Bruising in any non-mobile infant should prompt an immediate referral to children’s social care, who will discuss with paediatric services (as per local processes), and usually there will then be an urgent medical assessment.

A referral to Children’s Social Care should be made by the first professional to learn of or observe the bruising. (See below for contact numbers). All telephone referrals should be followed up within 24 hours with a written referral.

Any child who is found to be **seriously ill or injured** in whom abuse is suspected, or in need of **urgent treatment** or further medical investigation, should be referred immediately to hospital at the same time as referral to children’s social care.

Children’s Social Care will take any referral made under this protocol as requiring further multi-agency investigation. Children’s Social Care will take responsibility for making an urgent referral to paediatric services.

Where practical, the Social Worker will go to meet the family and organise transport to hospital.

In some cases, the professional making the referral and the social worker receiving the referral must reach a decision as to whether or not the child can be safely transported to hospital by the child’s parent/adult carer alone. This may be necessary – for example where a premises is due to close (e.g. GP surgery, Nursery).

A bruise must never be interpreted in isolation and must always be assessed in the context of medical and social history, developmental stage and explanation given. *In most cases*, a full clinical examination and relevant investigations will be undertaken under the care of a Consultant Paediatrician.

Consideration should be given to applying this protocol to older children who are not independently mobile by reason of a disability. If in any doubt, professionals should discuss the case further. Bruising in any child ‘not independently mobile’ should prompt suspicion of maltreatment.

Unexplained bruising in non-mobile infants is rare. It is the responsibility of Children’s Social Care and the paediatrician to decide whether bruising is consistent with an innocent cause or not.

Parents and carers should be included as far as possible in the decision-making process providing this does not pose a further risk to the child. If a parent or carer is uncooperative or refuses to take the child for further assessment, this should be reported immediately to Children’s Social Care.

Information should be shared with the child’s GP and Health Visitor.

The importance of signed, timed, dated, accurate, comprehensive and contemporaneous records cannot be overemphasised.

It is not always easy to identify with certainty a skin mark as a bruise. Less clear-cut lesions such as congenital dermal melanocytosis or birthmarks should be promptly discussed with the child's Health Visitor or GP (see: [Pathway of care regarding a birth mark or suspected medically induced injury](#))

If a Practitioner has any worries about any mark (or unexplained injury), caution should be exercised, and discussion should be made with Children's Social Care and/or Paediatric Services.

Other concerning physical injuries in non-mobile child

A referral to children's social care may be warranted where you suspect child maltreatment in non-mobile non-independent children presenting with concerning physical injuries. Examples of this could include fractures, bites, burns, lacerations, intracranial injuries. Please seek advice from safeguarding colleagues and for more information see <https://www.nice.org.uk/guidance/cg89>

This protocol is necessarily directive. While it recognises that professional judgement should be exercised at all times, it errs on the side of safety by requiring that all non-mobile infants with bruising be referred to Children's Social Care and for a senior paediatric opinion. This was also a recommendation following [national review](#)

Local Social Care contacts:

GATESHEAD

- Tel: 0191 433 2653
- Out of hours: 0191 477 0844

NEWCASTLE

- Tel: 0191 277 2500
- Out of hours: 0191 278 7878

NORTH TYNESIDE

- Tel: 0345 2000 109
- Out of hours: 0330 333 7475

NORTHUMBERLAND

- Tel: 01670 536 400 (24/7)